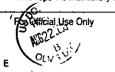
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced. Failure to comply may result in criminal prosecution, fines, or ziri. penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10490	2. Fiscal Year Covered From:			
•	1 / 1 / 2CO4 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Steven J Mitchell	Name Painters and Allied Trades District Council 26			
	Labor Organization File Number 542872			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O.Box 497			
Street 3783 N. Jefferson Rd.	Street 7095 Garfield Rd			
City Midland	City Freeland			
State Michigan ZIP Code + 4 48642-7212	State Michigan ZIP Code + 4 48623			
5. Position in labor organization. Business Manager/Sect. Treasu	irer			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or ir directly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	r derived income or other economic benefit of ton represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second contained in this report (including the information contained in the information contained in this report (including the information contained in the information contain	nying docu	ments), has been exa	mined by the signatory and is, to the best of the
Signed Stau To the	On	08-15-2005	989-631-9572
.7 / 4 - 0 0		Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) ϵ

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
	Dinner 8-16-2004 General Convention			
Name Labor and Management Cooperation Initiative				
Trade Name, if any: Painters and Allied Trades				
P.O. Box, Bldg., Room No., if any				
Street 1750 New York Ave. N.W.				
City Washington				
State District of Columbia ZIP Code - 4 20006				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$12			

12.b. Amount.

B. Held an interest in or derived income or economic banefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State 12.b. Amount.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
	Dinner 8-20-2004 General Convention			
Name Joint Apprenticeship and Training Fund				
Trade Name, if any: Painters and Alliec Trades				
P.O. Box, Bldg., Room No., if any				
Street 1750 New York Ave. N.W.				
City Washington				
State District of Columbia ZIP Code + 4 20006				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$106			

The transactions, dealings and interests that are detailed in the attached form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 01, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 204 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 01, 2004 to December 31, 2004, I will file an amended Form LM-30.

Steven J. Mitchell